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CONFIRMATION NO. 4474

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|---|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 09/825,017 | FILING OR 371(c) DATE 04/03/2001 RULE | CLASS 604 | GROUP ART UNIT 3763 | ATTORNEY DOCKET NO. P-4498D1 | |
| APPLICANTS Paul G. Alchas, Wayne, NJ; ** CONTINUING DATA ***** This application is a DIV of 09/417,671 10/14/1999 PAT 6,494,865 ** FOREIGN APPLICATIONS ***** <i>NONE</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/26/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | STATE OR COUNTRY NJ | SHEETS DRAWING 5 | TOTAL CLAIMS 37 | INDEPENDENT CLAIMS 3 |
| ADDRESS Becton, Dickinson and Company 1 Becton Drive Franklin Lakes, NJ07417-1880 | | | | | |
| TITLE Intradermal delivery device including a needle assembly | | | | | |
| FILING FEE RECEIVED 1016 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |